

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Lower Miami
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
 County Registrar No. 618
 Local Registrar No. _____

No. #4 Van Winkle Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Zupall (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth April 9, 1926
 Month Day Year

8. FATHER
 Full name Milo Zupall
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 31 (Years)
 12. Birthplace (city or place) Pennsylvania
 (State or country)
 13. Occupation miner
 Nature of Industry Copper

14. MOTHER
 Full maiden name Wilma Olive Baldwin
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Lake Wilson
 (State or country) Minnesota
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:45 P. m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. E. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed May 28, 1926 Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar.

093-409-625

order of birth stated.